

# 510 (k) Summary

K060668

## Submitted on behalf of:

### Devon Safety Products

DBA Devon Medical Supplies

1100 First Avenue, Suite 100

King Of Prussia, PA 19406

**Telephone:** 1-800-431-2273

**Fax:** 610-768-4509

JUN 12 2006

**Submitted by:** **Paladin Medical, Inc.**

P.O. Box 560

Stillwater, MN 55082

**Telephone:** 715-549-6035

**Fax:** 715-549-5380

**CONTACT PERSON:** **Elaine Duncan**

**DATE PREPARED:** March 10, 2006

**TRADE NAME:** **SafeTip Safety Syringe**

**COMMON NAME:** Safety Syringe

**REGULATION:** Piston Syringe: 21 CFR 880.5860: Class II  
General Hospital Product code: MEG and FMI

### SUBSTANTIALLY EQUIVALENT TO:

The Devon Medical Supplies SafeTip Syringe is substantially equivalent to the Medisys Tech. CoverTip Safety Syringe for technological features, the Becton Dickinson Integra Syringe in performance and the Devon Standard Syringe for materials.

### DESCRIPTION of the DEVICE:

The SafeTip Safety Syringe is a piston syringe that features a passive sharp safety feature which covers the needle after injection. The syringe automatically deploys a plastic cover (sheath) over the needle as the injection is completed and prior to the needle's removal from the tissue. The sheath protrudes beyond the end of the needle, shielding the user and patient from the sharp needle after removal.

### INDICATIONS FOR USE:

The SafeTip Syringe is indicated for use in the administration of an intramuscular (IM) injection. The SafeTip Safety Syringe aids in the prevention of accidental needle sticks by passively and automatically deploying a sheath that covers the sharp needle upon completion of the injection

### SUMMARY of TESTING:

The Devon SafeTip Safety Syringe has been shown to meet internationally recognized standards for syringe performance and labeling characteristics. Simulated clinical use testing has demonstrated the performance of the SafeTip syringe and reliability of the safety feature in accordance with the FDA Guidance: *Medical Devices with Sharps Injury Prevention Features*: August 9, 2005.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

JUN 12 2006

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Devon Safety Products, Incorporated  
C/O Ms. Elaine Duncan  
President  
Paladin Medical<sup>®</sup>, Incorporated  
PO Box 560  
Stillwater, Minnesota 55082

Re: K060668  
Trade/Device Name: Devon SafeTip Safety Syringe  
Regulation Number: 880.5860  
Regulation Name: Piston Syringe  
Regulatory Class: II  
Product Code: MEG, FMI  
Dated: March 10, 2006  
Received: March 14, 2006

Dear Ms. Duncan:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

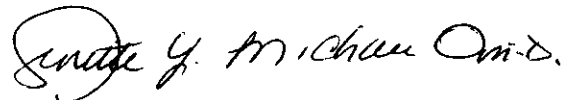
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Chiu Lin, Ph.D.", written in a cursive style.

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known):

Device Name: Devon SafeTip Safety Syringe

The Devon SafeTip Safety Syringe is indicated for use in the administration of an intramuscular injection. The SafeTip Safety Syringe aids in the prevention of accidental needle sticks by passively and automatically deploying a sheath that covers the needle upon completion of the injection.

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

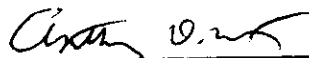
AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)



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(Signature)  
Director of Anesthesiology, General Hospital,  
Injection Control, Dental Devices

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